

COMMUNITY HEALTH CENTERS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. RODRIGUEZ) is recognized for 5 minutes.

Mr. RODRIGUEZ. Mr. Speaker, I stand here today to show my support for the community health centers and the vital services provided to the medically underserved, rural areas and the minority communities throughout this country.

Mr. Speaker, I strongly support the \$250 million budget increase for the year 2002 for the community health centers. The funding level will allow centers to expand and deliver health care services to those in need who need it most.

I would like to acknowledge the fact that President Bush pledged to provide \$3.6 billion over 5 years to build an additional 1200 community health centers. The request of a \$250 million increase will put us on the right track to meet the President's funding goals.

Mr. Speaker, I think that is something that is viable and something that we can continue to work on.

In 1999, these centers performed primary and preventive health care and dental services for more than 11 million children and adults. We have a total of 44 million uninsured Americans that lack access to health care services.

I want to talk to my colleagues briefly about that, because of the fact that these are working Americans. These are individuals that are up there, and families that are working hard in small businesses. I would attest to my colleagues if my colleagues have someone out there that is not working with a major corporation, that is not working for Federal Government or State or local government, most of those individuals do not have access to health care. They are in dreaded need.

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They do not have enough resources to be able to purchase it. They are not poor enough to qualify for Medicaid, not old enough to qualify for Medicare. Yet they find themselves uninsured, yet working and trying to make things come together. The community service centers provide that access to them.

One in six or 4.6 million low-income children are served by the health centers. There are over 400,000 births that are delivered. Imagine how many kids we could reach out to by increasing the budget by \$250 million. This is a small price to pay for our children to have healthy bodies and strong and clean teeth.

Community health centers are critical because they provide treatment, they provide preventive care, and they provide access.

In my district back in Texas, we have five health centers with 23 sites. Yesterday I had the opportunity to meet

with some of them from the Atascosa Health Center in Pleasonton, Texas, and Centro del Barrio in the south side and east side of San Antonio, and the Barrio Clinic at the Ali Austin Center. These services are continued to be provided by these centers. I want to thank them for their services.

Nearly 70 percent of those served in community health centers are minorities. One out of every 10 rural Americans is served by these centers. I represent 13 other counties, a lot of rural area; and these centers pay a very vital role in that area. Hispanics make up also close to 68 percent of my district, and many of the benefits of these centers go to that population.

As many of my colleagues know, also, we are having a real serious problem in the area of tuberculosis. My district goes all the way to the Mexican border. Almost one-third of the cases in this country are along the border, from Texas to California, in the area of tuberculosis. We know that that is a disease that we are having some real serious problems with. These centers play a very significant role in providing that treatment in that area.

Not to mention the fact that when we look at the problems that we are encountering with other infectious diseases such as HIV, AIDS, and others, at a time when we feel we are making the gains, we still have 20 percent of the cases among Hispanics when we only represent 12.5 percent of the population. So there are still strides that need to be done.

Let me just say why we should support and reauthorize this \$250 million. First of all, millions of Americans are uninsured and need that access to care. Secondly, health centers are an inexpensive way of providing access to quality affordable care to these communities. Thirdly, health centers help make the benefit of public insurance programs available to more eligible children and adults. Not to mention that the expansion will provide primary care infrastructure in this country that is needed and drastically needed for us to continue to move forward.

I want to thank the chairman and ask my colleagues to support this effort in assuring that the community health centers get an additional \$250 million as we move forward and meet the President's goal.

COLLEGE STUDENT CREDIT CARD PROTECTION ACT

The SPEAKER pro tempore (Mr. CRENSHAW). Under a previous order of the House, the gentlewoman from New York (Ms. SLAUGHTER) is recognized for 5 minutes.

Ms. SLAUGHTER. Mr. Speaker, I appreciate this opportunity to speak on a growing problem, the credit card debt among our college students.

Along with the gentleman from Tennessee (Mr. DUNCAN), I have introduced

a bipartisan College Student Credit Card Protection Act. This legislation requires credit card companies to determine whether a student applicant can afford to pay off a credit card balance before approving the application. It looks into the amount of money the student will be making and limits the credit to a percentage of that amount.

In the event that parents are obliged to pay off the credit card debt, no increase on the amount of credit card debt can be approved without the parents' consent.

Now, what does it take for a college student to get a credit card? Well, it turns out the credit card companies are just itching to give them away by the lure of free T-shirts and mugs with little scrutiny of the student's ability to pay their debts. As a result, a lot of college students end up taking a crash course in debt management.

Credit card issuers are raining down solicitations on college students and households. Mr. Speaker, in just 1 month, just 1 month, the six members of my staff were sent this many credit card solicitations that will fill this laundry basket. Let me repeat, this is just 1 month for six staff members of the House of Representatives.

Now, sadly, one of my constituents wrote to me that her stepson had to file for bankruptcy at the age of 21 because he was \$30,000 in debt; and she spoke to the bank officer, and the bank officer told my constituent that her own college-age daughter was in the same situation, but her parents were trying to help her out of the mess to avoid hurting her credit rating and thus her future financial opportunities.

The gentleman from Tennessee (Mr. DUNCAN) told us about the 3-year-old in my district who got a platinum credit card for \$5,000. We also even had a cat named Bud who also lives in Rochester where they really seem to be easy to get, and that cat got a preapproved card.

Now, what about the students whose parents cannot bail them out? Unfortunately, that is not uncommon. The number of bankruptcies among individuals under the age of 25 had nearly quadrupled in the past 5 years.

John Simpson, an Indiana University administrator, said, "Credit cards are a terrible thing. We lose more students to credit card debt than to academic failure."

"60 Minutes," too, recently reported that, in 1999, a record 100,000 persons under the age of 25 filed for bankruptcy. Nellie Mae, the Nation's largest student loan agency recently found that student credit card debt rose to a national average of more than \$2,700, up from an average of under \$1,900 in 1998, a nearly \$1,000 increase.

In addition, nearly one in every 10 undergraduates has credit card debt greater than \$7,000. This is an even bigger problem if one calculates the